

## Review of Existing Data

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

### Reason for Evaluation/Reevaluation

- ☐ Parent Request
- ☐ District Request
- ☐ Other (describe) \_\_\_\_\_
- ☐ Required Triennial

### Type of Evaluation

- ☐ Initial Evaluation
- ☐ Reevaluation

**A description of all data reviewed and a written summary of the information gained from the review of the data.** (Attach additional sheet(s) if needed)

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**Conclusions based on the data reviewed (areas in which additional data needed if applicable):**

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**Decisions based on the data reviewed:**

- ☐ Additional data not required (Provide Notice of Action for initial evaluations)  
(Provide for reevaluation Notification)
- ☐ Additional data required, consent not required (provide Notice of Action for initial evaluation. No  
notice required for reevaluation)
- ☐ Additional data required, consent required (Provide Notice of Action for initial and  
reevaluation)

**Individuals conducting this review:**

**Name**

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**Role**

Parent(s)/Guardian  
Special Education Teacher  
Regular Education Teacher  
LEA Representative  
Individual to Interpret Instructional  
Implications of Evaluational Results  
Other \_\_\_\_\_

Date of Meeting (or if no meeting, date decision finalized) \_\_\_\_\_  
(mm/dd/yy)

**For reevaluation only – if no additional data needed:**

**Documentation of Parent Notification Regarding Results of Review of Data**

Date of Notification \_\_\_\_\_

Student \_\_\_\_\_ Parent(s) \_\_\_\_\_

The review team has determined that:

**The decision:**

After reviewing all existing data, the Review Team determined that no additional data is needed at this time.

**The reason for the decision:**

- ☐ Sufficient information exists to:
- ☐ Determine that the student continues to be a student with a disability under the categorical label of \_\_\_\_\_.
- ☐ Develop a Present Level of Educational Performance (PLEP)
- ☐ Determine whether additions or modifications to the special education and related services are needed to enable the student to meet the annual goals in the IEP and participate in the general curriculum.

**Parent's right to additional assessment**

As a parent, you have the right to request additional assessment to determine whether your child continues to be a child with a disability.

Name and role of person notifying parent \_\_\_\_\_

**Name**

**Role**

**Method of notification:**

- ☐ Verbal      ☐ In person      ☐ By phone
- ☐ Written      ☐ Regular mail      ☐ Certified mail